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8b Data Sheet

CONFIRMATION NO. 8625

|  |   |                                  |   |   |                                 |
|--|---|----------------------------------|---|---|---------------------------------|
| <b>SERIAL NUMBER</b><br>09/736,344   | <b>FILING DATE</b><br>12/15/2000<br><b>RULE</b>   | <b>CLASS</b><br>358              | <b>GROUP ART UNIT</b><br>2622   | <b>ATTORNEY DOCKET NO.</b><br>862.C2080 |                                 |
| <b>APPLICANTS</b><br>Tetsuya Yokoyama, Tokyo, JAPAN;<br>** CONTINUING DATA ..... <u>NONE</u> <u>SFS</u><br>** FOREIGN APPLICATIONS ..... <u>YES</u> <u>SFS</u><br>JAPAN 11-371416 12/27/1999   |   |                                  |   |   |                                 |
| <b>IF REQUIRED, FOREIGN FILING LICENSE</b><br><b>GRANTED ** 02/01/2001</b>   |   |                                  |   |   |                                 |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met <u>allowance</u><br>Verified and <u>S. S. S.</u><br>Acknowledged Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>28               | <b>INDEPENDENT CLAIMS</b><br>12 |
| <b>ADDRESS</b><br>05514  |   |                                  |   |   |                                 |
| <b>TITLE</b><br>Print processing method, printing control system and storage medium therefor   |   |                                  |   |   |                                 |
| <b>FILING FEE RECEIVED</b><br>1574   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                 |

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